MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/069346   FILING DATE
APPLICANT(S)

CLAIMS

Claim	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	1	1				
2		1				
3		2				
4		0				
5		0				
6	1					
7		1				
8		2				
9		0				
10		0				
11						
12				1		
13				1		
14						
15						
16						
17				1		
18				1		
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20						
21				1		
22				1		
23				1		
24				1		
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48						
49						
50						
TOTAL IND.	2		2			
TOTAL DEP.	10		18			
TOTAL CLAIMS	12		20			

Claim	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						